REMARKS

Claims 13-36, 38, and 42-53 remain pending in the application, no claims having been canceled or added by the above amendment. The amendment to claim 34 is supported, e.g., at page 3, lines 7-9, and page 4, lines 20-23. Claims 49-53 are amended to delete the phrase "on at least one occasion." No new matter has been added.

Applicant notes with appreciation that the Final Office Action mailed October 6, 2008 (the "Final Office Action") withdrew the prior rejection of claims 13-36, 38, 42 and 43 for failing to comply with the written description requirement under 35 U.S.C.§ 112, paragraph 1. However, all of the pending claims remain rejected on one or more grounds, as discussed below.

Rejection under 35 U.S.C. § 112, paragraph 1

Claims 49-53 were rejected as allegedly lacking written description, based on the Examiner's belief that the specification does not disclose the limitation "on at least one occasion." Applicant disagrees, as this concept is unquestionably implicit in the disclosure. However, in order to facilitate prosecution, the objected-to phrase has been deleted from each of claims 49-53. Applicant notes that this amendment does not change the scope of these claims. Each of claims 49-53 still requires that the recommendation have caused the patient to inhale the composition, and still does not place an upper limit on the number of times. Accordingly, the claims now make implicit what was, prior to amendment, explicit.

Withdrawal of the rejection is respectfully requested.

Rejection under 35 U.S.C. § 101

Claims 13-36, 38, 42 and 43 were rejected as allegedly being directed to non-statutory subject matter. The Final Office Action correctly notes at page 14 that "what happens after the providing steps, the actual administration of the inhaler to patient's body is not an element of the claim." However, the Final Office Action goes on to draw an unwarranted conclusion from that fact:

> There is no requirement a practical application actually be associated with this provided steps.... In this case, neither a transformation nor reduction would result from the claimed invention because the limitation that the patient actually performs the administration of the claimed composition is not an element of the claim. The "reduction" or "transformation" would only occur with the actual administration of the claimed combination.... Thus, no reduction or transformation would take place with the claimed invention because the claims do not recite the necessary step of a practical application associated with the claimed recommendation.... Therefore, the claimed subject matter is deemed non-statutory. (Informal English in the original.)

There is nothing in the statute nor the case law supporting the Examiner's assumption that only a step of actually administering the combination to the patient could possibly qualify as a "reduction" or "transformation" as required by *In re Schrader* (and more recently by *In re Bilski*, slip op 2007-1130 (Fed. Cir. 2008)). Applicant previously pointed this out,[1] yet the Examiner continues to maintain her position that an "administration" step is absolutely required, without citing authority nor even a rational basis to support this novel proposition. Applicant again asks the Examiner to explain why she believes that a method that transforms an asthma patient into a someone provided with both (1) an inhaler and (2) a recommendation as to how to use the inhaler is not a "transformation" and so does not qualify as statutory subject matter under U.S. law. A bare, conclusory statement that the claimed method is not a "practical application" does not substitute for the necessary explanation. There really is no question that the presently claimed method qualifies as "practical" to the patient who thereafter understands how best to utilize the provided inhaler. If the Examiner continues to disagree, she is asked to explain her position so that Applicant can respond. Applicant submits (yet again) that the claimed method "transforms" the patient into a person with both an inhaler and a recommendation as to how to use it. This certainly meets the requirements of 35 U.S.C. § 101, as recently interpreted by the Federal Circuit sitting *en banc* in *In re Bilski*. U.S. law requires nothing more.

Withdrawal of the rejection under § 101 is therefore requested.

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[1] In the Response filed June 3, 2008.

Rejection under 35 U.S.C. § 103(a)

Claims 13-15, 17, 18, 20-36, 38, and 42-53 were rejected as obvious over Carling, for the same reasons that have been asserted in multiple prior Office actions. Claims 16 and 19 were rejected as obvious over Carling and further in view of Aberg et al. and Ryrfeldt et al., again for the same reasons as previously asserted. According to the Examiner, Carling's teachings that the combination of formoterol fumarate dihydrate and budesonide can be used to treat asthma, and that the dosage "strongly depends on the patient (age, weight etc.), severity of disease (mild, moderate, severe asthma etc.)" mean that it would have been obvious to carry out the claimed methods. The Examiner acknowledges at page 16 of the Final Office Action that the present claims differ from the disclosure in Carling in that the present claims require recommending that a patient use the inhaler "as needed" as determined by the patient. However, the Examiner asserts that such a recommendation would be "obvious," stating that Carling teaches the dosage "strongly depends on the severity of disease (mild, moderate, severe asthma) and the suitable daily dosage is up to 8 inhalation." Applicant has previously explained that Carling says the combination should be administered just twice per day, and the teaching in Carling about varying the dosage according to the "severity of disease" means that the physician should set a dosage (always to be administered twice per day) based on the patient's severity of disease, certainly not that the patient is free to do so. Applicant has also previously explained that those of skill in the art understood that dosages of steroid drugs such as budesonide were never left to the discretion of the patient, as they could potentially produce dangerous side effects, so needed to be carefully monitored by the physician. Applicant provided voluminous evidence to support these assertions, evidence that the Examiner has simply dismissed as "not persuasive" based on nothing more than Carling's general teachings that (1) the combination could be formulated to deliver 12 μg formoterol and 100 μg budesonide, and (2) the maximum daily dose of formoterol is 100 μg and the maximum daily dose of budesonide is 1600 μg. The Final Office Action states at page 8 that

> the teachings of Carling et al., are clear as to the specific combination comprising formoterol and budesonide useful in the specific medical treatment, namely, asthma. This specific teaching would have motivated one of ordinary skill in the art to make a

protocol for a patient having symptoms of asthmatic attack which include self-administration of a dose as needed up to the maximum taught Carling et al.

Given the actual facts of how steroids such as budesonide in fact were prescribed for treatment of asthma (facts firmly established by Applicant's evidence), the above-quoted interpretation of Carling et al. and how it would have "motivated" one of ordinary skill in the art is startlingly unwarranted. Rather than supply evidence that might contradict Applicant's evidence, the Examiner merely dismisses Applicant's evidence as "not persuasive" based on nothing more than her contrary interpretation of Carling. Given the powerful evidence previously supplied by Applicant--evidence going to lack of motivation, lack of expectation of success, extraordinarily surprising results, teaching-away, and skepticism of experts--it appears that the Examiner is determined not to be swayed by any sort of facts. Such a position would of course be inconsistent with established law. A determination of obviousness must be based on all the facts of record.

For example, Applicant had previously argued, and provided evidence proving, that the use of budesonide or other powerful glucocorticosteroids was not, prior to the present invention, left to the discretion of the patient. The Final Office Action at page 6 dismisses this argument, stating that Carling et al. "teach otherwise." Rather than point to where Carling et al. "teaches otherwise," the Final Office Action merely says that Carling et al. "teach that the combination of budesonide with formoterol can be administered effectively and safely up to 6-100ug formoterol with a daily dose of budesonide in a range of 50-4800ug." Carling et al. never say that every patient could safely take the maximum dose (indeed, it is clear from the evidence of record that many could not safely take such a dose), and certainly does not say that the patient should be given the discretion of deciding how much to take. It remains established that Carling et al. does NOT teach that the patient can make the decision about how much of the combination can be administered per day (i.e., Carling et al. is silent on that), and further that the art understood that the patient should NOT make that decision.

Similarly, Applicant had previously argued that the Carling et al. reference says that, regardless of the number of inhalations necessary to administer the dose set by the physician,

those inhalations should be grouped into just two administrations per day. The Examiner found this "not persuasive" because Carling et al. gave an example of an inhaler that delivers a particular dose that is approximately one-eighth of the maximum dosage taught by Carling et al. Based on that, the Examiner posits that the maximum dosage "could" be spread out into up to eight administrations per day. Applicant has repeatedly pointed out that Carling et al.'s statements do not amount to a teaching that the patient should decide how much to take, and how often, and they certainly do not contradict the evidence supplied by Applicant regarding what those of skill in the art understood about how glucocorticosteroids should be administered to asthma patients. Yet the Examiner persists in an interpretation of Carling et al. that is contrary to the facts of record.

At page 8, the Final Office Action states that Applicant's interpretation of Carling et al. "is not found persuasive because the teachings of Carling et al. are clear as to the specific combination comprising formoterol and budesonide useful in the specific medical treatment, namely, asthma." Applicant has never argued that Carling et al. does not teach use of the combination to treat asthma—clearly it does. That is not the issue. However, Applicant does emphatically disagree with the next three sentences of the Final Office Action, *i.e.*,

> This specific teaching would have motivated one of ordinary skill in the art to make a protocol for a patient having symptoms of asthmatic attack which include self-administration of a dose as needed up to the maximum taught by Carling et al. One of ordinary skill in the art would recommend the dosage regimen taught by Carling et al. to an asthmatic patient in order for such a patient to safely rescue from an asthmatic attack. One of ordinary skill would recognize that it is advantageous for the patient to self-administer the treatment to avoid the dire consequences of waiting for professional assistance.

The above-quoted language seems to imply an assumption that budesonide was recognized as potentially useful to avert an acute asthma attack. Perhaps that is the misconception underlying the entire rejection over Carling et al. As Applicant tried but may have failed to make clear, budesonide (like other glucocorticosteroids) was at the time of the invention known to have only an indirect and gradual effect on asthma symptoms, useful for keeping airway inflammation under control as a long-term preventative, but considered useless as an emergency

bronchodilator. Glucocorticosteroids were generally understood in the art to play no role whatsoever in the immediate alleviation of bronchconstrictions in an acute asthma attack. See, for example, Applicant's Brief on Appeal filed March 3, 2006 (the "Appeal Brief"), at page 20, and the evidence cited therein. See also the Symbicort® Turbuhaler® package insert (dated 2001) enclosed as Exhibit A. Symbicort® is the trade name for a combination of budesonide and formoterol fumarate dihydrate, sold for the treatment of asthma. On the second page of the package insert, in the section of column 1 headed "Dosage", is the following information (emphasis added):

> Remember it is important to take your medicine regularly. Your doctor will advise you of the correct dose to treat your asthma. The instructions on the label should remind you of what your doctor has said. The doctor will reduce your dose to the lowest dose needed to control your asthma. Do not use Symbicort to relieve an acute attack, for this you should use your blue 'relief' inhaler.

This illustrates that, even in 2001 (years after Carling was published), physicians understood that it was up to the doctor, not the patient, to decide how much of the budesonide/formoterol combination product to take, and that the combination should never be used to relieve an acute attack. For relief of an acute attack, the patient was given a "blue 'relief' inhaler" with a quick-acting bronchodilator, not a budesonide-containing medication. The Symbicort® package insert at Exhibit A goes on to explain that the budesonide/formoterol combination product should be administered twice a day unless the patient's doctor has decided that administration just once per day is sufficient to control the patient's symptoms:

> The usual dose for adults is 1-2 inhalations twice daily. Your doctor may ask you to take your medicine once a day if your symptoms are well controlled. You should only take your medicine once a day if your doctor has specifically told you to. (emphasis added)

This clearly states that it was up to the doctor, not the patient, to decide whether to the combination should be taken twice per day or only once, and that the patient must follow the doctor's specific orders in that regard. Administration more than twice per day is not even contemplated. There is no suggestion that the patient should ever increase his own daily dosage or administer the combination more than twice per day, even if his symptoms are worsening. To

the contrary, the patient is told to "Contact your doctor immediately" in such a situation (page 2, top of column 2), and is pointedly warned, "Do not use Symbicort to relieve an acute attack" (page 2, column 1). Applicant does not see how this could possibly be construed to imply that administration could be more than twice per day and as often as the patient chooses, or that the combination could be used to relieve an acute attack.

All of the evidence of record supports Applicant's position that one of ordinary skill would have advised a patient experiencing an asthma attack to self-administer a short-acting bronchodilator, and not a glucocorticosteroid nor a combination that includes a glucocorticosteroid. Administration of such a combination whenever experiencing asthma symptoms would risk overdosing on the glucocorticosteroid part of the combination, and for no expected benefit over the bronchodilator alone. This is the thrust of the teaching-away and skepticism of experts evidence that Applicant has already made of record, but the above-quoted language from page 8 of the Final Office Action leads Applicant to infer that this point may not have been made sufficiently clear. If it is still not clear, the Examiner is earnestly invited to telephone Applicant's representative to discuss.

The Final Office Action at page 10 says, "Carling et al. teaches that combination of the two active agents have greater efficiency and duration of bronchodilator action, and rapid onset of action, which provides rescue medicine, adequate dosing for the treating asthma (see page 4, lines 4-21)." (Informal English in the original.) What the Final Office Action significantly fails to note is that the cited passage at page 4, lines 4-21, actually ends by saying that the formoterol/budesonide combination that produces those benefits should be given twice per day: "**The combination according to [the] present invention permits a twice daily dosing regime as a basic treatment of asthma, particularly nocturnal asthma.**" (Emphasis added.) Read in the context of that last statement about a "twice daily dosing regime," it is clear that Carling et al.'s reference to a "rescue medicine" at line 8 does not mean that the combination should ever be taken more than twice per day, e.g., whenever the patient is suffering an attack. Rather, Carling et al. uses the term "rescue medicine" to refer to the immediate, formoterol-induced bronchodilator effect that the patient will notice upon administration of the combination twice

per day. If Carling et al. had been referring to a medicine to be administered whenever the patient felt an attack coming on, they would not have specified that the combination is intended for a "twice daily dosing regime." This interpretation of Carling et al., and not the Examiner's interpretation, is consistent with all of the evidence of record. The Examiner has cited no evidence whatsoever in support of her interpretation.

Aberg et al. and Ryrfeldt et al. are cited solely for their alleged respective disclosures of the (R,R) isomer of formoterol (as specified in claim 16) and the 22R epimer of budesonide (as specified in claim 19). Neither reference makes up for the deficiencies of Carling et al. discussed above.

In view of the above, withdrawal of the rejection for obviousness is respectfully requested.

CONCLUSION

Applicant asks that the rejections of record be withdrawn and the claims allowed. If any questions remain, the Examiner is asked to telephone the undersigned at 808 986 0300 (if prior to April 10, 2009) or 617 521 7037 (if after April 10, 2009) so that they can be resolved.

A Request for Continued Examination, Information Disclosure Statement, and Petition for Extension of Time accompany this Reply. Please apply any charges or credits to deposit account No. 06-1050.

Respectfully submitted,

Date: April 3, 2009_____

/Janis K. Fraser/_____
Janis K. Fraser, Ph.D., J.D.
Reg. No. 34,819

Fish & Richardson P.C.
Customer No. 26464
Telephone: (617) 521-7037
Facsimile: (877) 769-7945

"Exhibit A (Symbicort insert) for reply to October 1, 2008 OA"

Symbicort®
Turbohaler®

WHAT YOU SHOULD KNOW ABOUT SYMBICORT TURBOHALER®
(budesonide/eformoterol)

This leaflet applies only to Symbicort. Keep this leaflet. You may need to read it again. If you have any questions, or are not sure about anything, ask your doctor or pharmacist (chemist). Remember this medicine is only for you. Do not give this medicine to anyone else, even if their symptoms are similar to yours.

WHAT IS IN YOUR MEDICINE?
Symbicort Turbohaler is a multi-dose, dry powder inhaler. It works when you inhale (breathe in) through the mouthpiece. Each Symbicort Turbohaler contains either 60 or 120 inhalations. Symbicort contains two active ingredients, budesonide and eformoterol (eformoterol fumarate dihydrate).

There are two strengths of Symbicort Turbohaler:
Symbicort 100/6 Turbohaler – each inhalation contains
100 micrograms budesonide and 6 micrograms eformoterol
Symbicort 200/6 Turbohaler – each inhalation contains
200 micrograms of budesonide and 6 micrograms eformoterol.
The active ingredient eformoterol is also known as formoterol.
Symbicort Turbohaler also contains lactose monohydrate.

Asthma is caused by a combination of inflammation in the airways and tightening of muscles in the airways. Budesonide belongs to a group of medicines called corticosteroids, which are used to reduce inflammation. Eformoterol belongs to a group of medicines called long acting beta2 agonists, these medicines relax muscles in the airways. This helps improve your breathing.

WHO HAS MADE YOUR MEDICINE?
Symbicort is made by AstraZeneca AB, S-151 85 Södertälje, Sweden for the Marketing Authorisation holder AstraZeneca UK Limited Kings Langley, Hertfordshire WD4 8DH.

WHAT IS YOUR MEDICINE FOR?
The active ingredients in Symbicort are used for the regular treatment of asthma. Symbicort is for patients who are either:

- Taking an inhaled corticosteroid and a reliever (short acting beta2 agonist) and their asthma is still not controlled or,
- Taking both an inhaled corticosteroid and a long acting beta2 agonist and their asthma is controlled.

Symbicort gives long lasting protection from asthma symptoms such as wheezing, shortness of breath or coughing.

BEFORE TAKING YOUR MEDICINE
Make sure that you have told your doctor about any other medicines that you are taking. This includes any medicines you have bought without a prescription.

Please read the following questions carefully. They are being asked to check that the medicine is suitable for you to take. If the answer to any of the questions is YES, discuss this with your doctor *BEFORE* taking this medicine.

- Are you pregnant, thinking of becoming pregnant or breast feeding? If you become pregnant whilst using Symbicort you should talk to your doctor **immediately.**
- Are you diabetic? If so, you may need some additional blood sugar tests when you start taking your medicine.
- Do you have a heart problem or high blood pressure?
- Do you suffer from phaeochromocytoma (very high blood pressure as a result of a rare type of tumour)?
- Do you suffer from rapid heart beating?
- Do you have low levels of potassium in your blood?
- Do you have an overactive thyroid gland?
- Do you have severe liver problems e.g. liver cirrhosis?
- Are you taking any other medicines, including
  - beta blockers (by mouth or eyedrops
  - medicines for a rapid or irregular heart beat (e.g. digitalis glycosides)
  - oral steroid medicines
  - xanthine derivatives (used for treating asthma, e.g. theophylline)
  - antihistamines (e.g. terfenadine)
  - tricyclic anti-depressants or monoamine oxidase inhibitors

— phenothiazines (used to treat mental illnesses or severe nausea and vomiting)
— oral medicines for fungal infections (e.g. ketoconazole)
— Are you taking any diuretics or water pills?

- Are you going to have a general anaesthetic?

As with other medicines of this type, if this medicine is taken with alcohol, or medicines for Parkinson's disease or thyroid problems you may experience an increase in heart rate.

Important: You should not take Symbicort if you have had any reactions in the past when taking medicines containing budesonide, eformoterol or inhaled lactose. The very small amount of lactose in Symbicort is unlikely to cause problems in lactose intolerant patients.

TAKING YOUR MEDICINE

If you have been taking oral steroids for a long time without a break, your doctor may want you to have some blood tests. If you are asked to reduce your steroid tablets you might experience some symptoms, in particular: a stuffy or runny nose, joint or muscle pain and rash (eczema) or feeling unwell generally. If so, continue using Symbicort and tell your doctor.

If you have been taking a high dose of inhaled steroid for a long time your doctor may consider adding steroid tablets to your usual treatment during periods of stress (for example, when you have a chest infection or before an operation).

Dosage

Remember it is important to take your medicine regularly. Your doctor will advise you of the correct dose to treat your asthma. The instructions on the label should remind you of what your doctor has said. The doctor will reduce your dose to the lowest dose needed to control your asthma. Do not use Symbicort to relieve an acute attack, for this you should use your blue 'relief' inhaler.

The usual dose for adults is 1–2 inhalations twice daily. Your doctor may ask you to take your medicine once a day if your symptoms are well controlled. You should only take your medicine once a day if your doctor has specifically told you to.

Symbicort is not recommended for children and adolescents (under 17 years of age).

Contact your doctor immediately if:

- **Your breathing is getting worse.**
- **You often wake up at night with asthma.**
- **You start getting chest tightness in the morning or if this persists for longer than usual.**
- **You are not getting relief from your current dose.**
- **You are not getting relief from your 'blue inhaler' or using it more often than usual.**

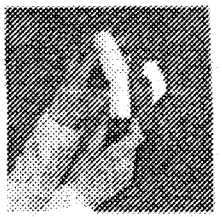
If you are taking other products which may cause hypokalaemia (low potassium levels) then your doctor may take blood samples to check the amount of potassium in your blood.

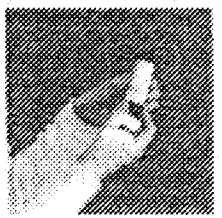
If you are admitted to hospital, attend hospital as an outpatient, or go to see your doctor at the surgery, remember to take all your medicines with you (including all your inhalers).

How to use your Symbicort Turbohaler

Using your Turbohaler.

To administer a dose, simply follow the instructions below:



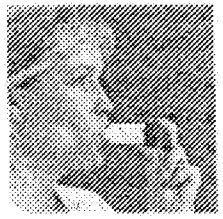


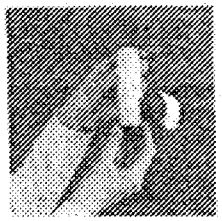
1. Unscrew and lift off the cover. A rattling sound is heard.
2. **Hold the inhaler upright** with the red grip at the bottom. To load the inhaler with a dose, **turn the grip as far as it will go in both directions** (it doesn't matter which way you turn it first).

   Do not hold the mouthpiece when you load the inhaler.

   Please note: Before using a new Symbicort Turbohaler for the first

time you need to prepare the inhaler for use by performing Step 2 twice. That is: Turn the grip as far as it will go in both directions then turn it again as far as it will go in both directions. The preparation does not need to be repeated even if your Turbohaler is not used regularly.





3. **Breathe out.** Do **not** breathe out **through** the mouthpiece.
4. Place the mouthpiece gently between your teeth, close your lips and breathe in as deeply and as hard as you can through your mouth. Do **not** chew or bite on the mouthpiece.
5. **Remove the inhaler from your mouth, before breathing out.**
6. If more than one inhalation has been prescribed, repeat steps 2–5.
7. Replace the cover.
8. Rinse your mouth out with water (do not swallow).

Note

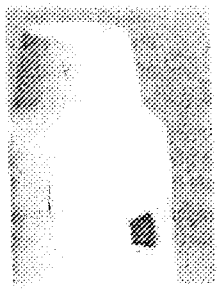
Never breathe out through the mouthpiece. Always replace the cover properly after use. Do not try to remove the mouthpiece or to twist it unnecessarily; it is fixed to the inhaler and must not be taken off.

As the amount of powder dispensed is very small, you may not be able to taste it after inhalation. If you have followed the instructions, you can still be confident that you have inhaled the dose.

Cleaning

Wipe the outside of the mouthpiece regularly (once a week) with a dry tissue. **Do not use water or liquids when cleaning the mouthpiece.**

How do I know when my inhaler needs replacing?



The dose indicator tells you how many doses are left in the inhaler. When the "0" on the red background has reached the middle of the window, you must start using your new inhaler. The sound heard as you shake the inhaler is produced by a drying agent and not the medicine.

Disposal

All old medicines, including inhalers, should be returned to the pharmacy (chemist) for disposal.

WHAT TO DO IF YOU TAKE TOO MANY DOSES

If you accidentally take too much, contact your doctor or pharmacist (chemist).

WHAT TO DO IF YOU FORGET TO TAKE A DOSE

If you forget to take a dose, take it as soon as you remember. However, if it is almost time for your next dose, do not take the missed dose, just take the next dose on time.

AFTER TAKING YOUR MEDICINE

Like all medicines, as well as the effects that are needed, Symbicort may sometimes cause side effects such as:

- Headache
- Trembling or shaking
- Palpitations (awareness of heart beating)
- Sore mouth (oral thrush). This is less likely if you rinse out your mouth after using the inhaler
- Mild sore throat, coughing and a hoarse voice

Trembling and palpitations, if they occur, usually go away as treatment continues. Less common side effects include muscle cramps, restlessness, agitation, disturbed sleep, nervousness, dizziness, nausea (feeling sick), rapid heart rate and in rare cases

skin rash, itching or bronchospasm (tightening of the muscles in the airways resulting in wheezing).

In very rare cases depression, behavioural disturbances, skin rash possibly with swelling of the face, particularly around the mouth. If swelling occurs around the mouth, seek medical advice **immediately**. Very rarely skin bruising, chest pain or tightness (angina), an increase in blood glucose, taste disturbance (taste changes) or changes in blood pressure.

Very occasionally inhaled drugs cause acute wheezing. If this occurs, stop taking Symbicort and use a blue 'relief' inhaler straight away. Seek medical advice **immediately.**

The following side-effects may occur rarely, particularly when inhaled corticosteroids are taken at high doses for a long time. Changes in bone mineral density (thinning of the bones). Cataract (clouding of the lens in the eye). Glaucoma (increased pressure in the eye). These effects are much less likely to occur than with oral corticosteroids. Also, your doctor or nurse will aim to prescribe the lowest dose of corticosteroid at which your asthma symptoms are well controlled.

If you experience any of these side effects, or if you notice anything else unusual, tell your doctor or pharmacist.

STORING YOUR MEDICINE

- Keep Symbicort Turbohaler in a safe place, out of the reach and sight of children.
- Do not store this medicine above 30°C.
- Keep the cap screwed tightly onto your Turbohaler when you are not using it.
- Do not use Symbicort Turbohaler after the expiry date printed on the carton or the side of the inhaler.

Date of preparation: May 2001

Trade Marks herein are the property of the AstraZeneca group.

ASTHMA LIFESTYLE ADVICE

Asthma can be controlled in different ways. Your doctor will work with you to decide on a treatment plan which best suits your individual needs and which should help you to reduce your asthma symptoms and the number of asthma attacks.

There are also ways that you can help yourself, such as:

- Try to avoid or reduce contact with things that may trigger an asthma episode, for example animal fur, smoking (including passive smoking), moulds, pollen, house dust mite.
- If you know that exercise is a trigger for your asthma, make sure that you have followed your doctor's instructions before starting any exercise.
- Be honest with your doctor or asthma nurse about how asthma affects you day-to-day and develop with them a treatment plan that suits your particular lifestyle. Remember to take your asthma medication as your doctor has instructed.
- If you have any worries about your medication, discuss this with your local pharmacist, asthma nurse or doctor.

AstraZeneca

[illegible]

Please print clearly in BLOCK CAPITALS

[illegible]

NAME [illegible]

ADDRESS

POSTCODE

Please cut out and return this reply section to: Medical Information Department, AstraZeneca UK Limited, Kings Langley, Hertfordshire, WD4 8HD, United Kingdom

Information may be obtained from the National Asthma Campaign, Providence House, Providence Place, London N1 0NT

Helpline number: 0845 7 01 02 03

(Monday to Friday 9am to 7pm)

The Asthma Society of Ireland, Eden House, 15-17 Eden Quay, Dublin 1

Asthma Information line: 1850 44 54 64.